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NO. 0924 P. 1/9

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IAP7 Rec'd PCT/PTO 06 APR 2006

## FAX TRANSMISSION

DATE: April 6, 2006

PTO IDENTIFIER: Application Number 10/554894  
Patent Number

Inventor: Nicolai Papke et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: CONNOLLY BOVE LODGE & HUTZ LLP  
Christine M. Hansen

PHONE: (302) 658-9141

Attorney Dkt. #: 05587-00390-US

PAGES (Including Cover Sheet): 9

CONTENTS: Fee Transmittal (1 page)  
Transmittal Of Combined Declaration And Power Of Attorney (1 page)  
Combined Declaration And Power Of Attorney (5 pages)  
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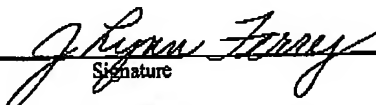
Application No. (if known): 10/554894.

Attorney Docket No.: 05587-00390-US

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Fee Transmittal (1 page)

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PTO/SB/17 (12-04v2)

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<b>Effective on 12/05/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/554894
		Filing Date	October 28, 2005
		First Named Inventor	Nicolai Papke
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 130.00		Attorney Docket No.	05587-00390-US

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-2775</u> Deposit Account Name: <u>Connolly Bove Lodge &amp; Hutz LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																					
	<b>FILING FEES</b> <small>Small Entity</small>		<b>SEARCH FEES</b> <small>Small Entity</small>		<b>EXAMINATION FEES</b> <small>Small Entity</small>																
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>														
Utility	300	150	500	250	200	100															
Design	200	100	100	50	130	65															
Plant	200	100	300	150	160	80															
Reissue	300	150	500	250	600	300															
Provisional	200	100	0	0	0	0															
							<small>Small Entity</small> <b>Fee (\$)</b> <b>Fee (\$)</b>														
<b>2. EXCESS CLAIM FEES</b>																					
<b>Fee Description</b>																					
Each claim over 20 (including Reissues)							50    25														
Each independent claim over 3 (including Reissues)							200    100														
Multiple dependent claims							360    180														
<table style="width: 100%;"> <tr> <td><b>Total Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td><b>Multiple Dependent Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>- 20 =</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	- 20 =	x	=					
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>															
- 20 =	x	=																			
<table style="width: 100%;"> <tr> <td><b>Indep. Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>- 3 =</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				- 3 =	x	=					
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- 3 =	x	=																			
<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table style="width: 100%;"> <tr> <td><b>Total Sheets</b></td> <td><b>Extra Sheets</b></td> <td><b>Number of each additional 50 or fraction thereof</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>- 100 =</td> <td>/50</td> <td>(round up to a whole number) x</td> <td></td> <td></td> </tr> </table>							<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	- 100 =	/50	(round up to a whole number) x			<b>Fees Paid (\$)</b>				
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																	
- 100 =	/50	(round up to a whole number) x																			
<b>4. OTHER FEE(S)</b> Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1051 Surcharge-Late oath or declaration <span style="float: right;">130.00</span>																					

<b>SUBMITTED BY</b>		Registration No. 40,634	Telephone (302) 858-9141
Signature <u>Christine M. Hansen</u>	(Attorney/Agent)		
Name (Print/Type) Christine M. Hansen		Date April 6, 2006	

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NO. 0924 P. 4/9

Application No.: 10/554894

APR 06 2006

Docket No.: 05587-00390-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Nicolai Papke et al.

Application No.: 10/554894

Group Art Unit: N/A

Filed: October 28, 2005

Examiner: Not Yet Assigned

For: PULTRUSION METHOD AND AN ARTICLE  
PRODUCED BY SAID METHOD

TRANSMITTAL OF COMBINED DECLARATION AND POWER OF ATTORNEY

MS PCT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant submits herewith the executed Combined Declaration And Power Of Attorney in the above-captioned application. Applicant has not received a Notification Of Missing Requirements.

Please charge our Deposit Account No. 03-2775 in the amount of \$130.00 covering the required fees. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 03-2775, under Order No. 05587-00390-US.

Dated: April 6, 2006

Respectfully submitted,

By Christine M. Hansen  
Christine M. Hansen

Registration No.: 40,634  
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Wilmington, Delaware 19899  
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